



**Privacy Act Release Form
Social Security Concerns**

Name: _____
Social Security #/Employer ID: _____ Date of Birth: _____

Mailing Address:

Contact Information

Home: _____
Work: _____
Mobile: _____
Email: _____

Please check the type of Social Security benefits applied for:

Supplemental Security Income (SSI) _____ Survivor's Benefits _____
Retirement Benefits _____ Disabled Widow/Widower's Benefits _____
Social Security Disability (SSDI) _____ Other _____

If denied, have you filed an appeal? _____ When did you file the appeal? _____
Where is your appeal pending? _____
Have you contacted another federal official about this matter? _____ If so, whom? _____
Additional Comments: _____

Signature: _____ Date: _____

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

Please Mail or Fax to:

Congressman Frank M. Kratovil, Jr.
102 Turpins Lane, Suite 1
Centreville, MD 21617-1029
(443) 262-9136
(443) 262-9713 (fax)

*Feel free to attach additional documents, comments, or information to this form.